

TENNESSEE GENERAL ASSEMBLY
FISCAL REVIEW COMMITTEE



FISCAL MEMORANDUM

HB 2348 – SB 2674

February 20, 2018

SUMMARY OF ORIGINAL BILL: Requires a health care prescriber, when prescribing more than a five-day supply of opioids to a non-pregnant fertile woman, to inform the patient of the risk of fetal injury and neonatal abstinence syndrome in the event of pregnancy while on therapy. Encourages prescribers to recommend and assist the patient in obtaining voluntary long-acting reversible contraception as a primary method of contraception. Further encourages prescribers to advise the patient to use a secondary method of contraception and if pregnancy does occur during treatment, to minimize fetal exposure as much as possible. Requires prescribers to document any counseling and the patient's reproductive life plan in the patient's medical record.

FISCAL IMPACT OF ORIGINAL BILL:

NOT SIGNIFICANT

SUMMARY OF AMENDMENT (013387): Deletes all language after the enacting clause. Requires a health care prescriber, when prescribing more than a five-day supply of opioids to a non-pregnant woman of childbearing age, to inform the patient of the risk of fetal injury and neonatal abstinence syndrome in the event of pregnancy while the patient is being treated with opioids. Requires prescribers to assure that patients receive culturally and linguistically appropriate, patient-centered and non-coercive counseling that presents methods from all tiers of effectiveness and means to obtaining contraceptive services. Requires prescribers to document any counseling and the patient's reproductive life plan in the patient's medical record. Encourages the health care prescriber, if a pregnancy does occur during treatment, to minimize fetal exposure as much as possible and coordinate care with appropriate obstetric providers upon diagnosis of pregnancy.

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

Unchanged from the original fiscal note.

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Assumptions for the bill as amended:

- Based on information provided by the Department of Health (DOH), the proposed legislation will not have a significant impact on the DOH or the Division of Health Related Boards programs or operations; therefore, any fiscal impact is estimated to be not significant.
- Pursuant to Tenn. Code Ann. § 4-29-121, all health related boards are required to be self-supporting over a two-year period. The Division of Health Related Boards had an annual surplus of \$4,526,956 in FY15-16, an annual surplus of \$3,551,254 in FY16-17, and a cumulative reserve balance of \$32,645,083 on June 30, 2017.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.

A handwritten signature in blue ink that reads "Krista M. Lee". The signature is written in a cursive, flowing style.

Krista M. Lee, Executive Director

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